

APPLICATION FOR REGISTRATION
UNDER DOMESTIC CHEMICAL DIVERSION CONTROL ACT OF 1993
(PL 103-200)

APPROVED OMB NO. 1117-0031

FORM DEA-510 (12-00)

FOR DEA USE ONLY

**READ INSTRUCTIONS
BEFORE COMPLETING
USE BLACK INK**

NAME: APPLICANT OR BUSINESS (Last)

(First, MI)

FEDERAL TAX IDENTIFICATION NUMBER

and/or

SOCIAL SECURITY NUMBER

PROPOSED BUSINESS ADDRESS (When using a P.O. Box you must also provide a street address)

CITY

STATE

ZIP CODE

APPLICANT'S BUSINESS PHONE NUMBER

APPLICANT'S FAX NUMBER

REGISTRATION CLASSIFICATION

**1. BUSINESS
ACTIVITY
(Fill in Only
One Circle)**

☐

MANUFACTURE (For Distribution)

☐

IMPORTER

☐

RETAIL DISTRIBUTOR

☐

DISTRIBUTOR

☐

EXPORTER

2. ALL APPLICANTS MUST ANSWER THE FOLLOWING: (Fill-in Applicable Circle)

- (a) Are you required to be registered or licensed to manufacture, distribute, import or export the listed chemicals for which application is being made under the laws of the **state** or jurisdiction in which you are operating or purpose to operate?

☐

YES - State License No.

☐

PENDING

☐

N/A

- (b) Has the applicant ever been convicted of a crime in connection with listed chemicals/controlled substances under state or federal law?

☐

YES

☐

NO

- (c) Has the applicant ever surrendered or had a federal registration revoked, suspended, restricted or denied?

☐

YES

☐

NO

- (d) Has the applicant ever surrendered or had a state professional license or registration revoked, suspended, denied, restricted, or placed on probation?

☐

YES

☐

NO

Is any such action pending?

☐

YES

☐

NO

- (e) If the applicant is a corporation (other than a corporation whose stock is owned and trades by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of a crime in connection with listed chemicals/controlled substances under state or federal law, or ever surrendered or had a federal listed chemical /controlled substance registration revoked, suspended, restricted, or denied, or ever had a state professional license or listed chemical controlled substance registration revoked, suspended, denied, restricted or placed on probation?

☐

YES

☐

NO

☐

N/A

ATTACH CHECK HERE

ATTENTION

Continued on reverse

No registration will be issued unless a complete application form has been received
(21 CFR 1309.32)

The Debt Collection Improvement Act of 1996 (PL 104-134) requires that you furnish your federal Taxpayer Identifying Number to DEA. This number is required for debt collection procedures should your fee become uncollectable. If you do not have a federal Taxpayer Identifying Number, use your Social Security Number.

3. **EXPLANATION FOR ANSWERING "YES" TO ITEM(S) 2(b), (c), (d), or (e).** Applications who have answered "YES" to item(s) 2(b), (c), (d), or (e) are required to submit a statement explaining such response(s). The space provided below should be used for this purpose. If additional space is needed, use a separate sheet and return with application.

4. **CHEMICAL CODE NUMBERS** - Enter in the box(es) the Chemical Code Number for each List 1 chemical for which registration is required. (Registration is granted only for those codes specifically requested.)

5. **PAYMENT METHOD** - (Fill in only one circle)

☐ VISA

☐ MASTER
CARD

☐ CHECK

☐

"FEES ARE NOT REFUNDABLE"

CREDIT CARD NUMBER

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EXPIRATION DATE

		-					
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SIGNATURE OF CARD HOLDER

6. **CERTIFICATION FOR FEE EXEMPTION - (Fill in circle)**

☐ IF APPLICANT NAMED HERON IS A FEDERAL, STATE, OR GOVERNMENT OPERATED HOSPITAL, INSTITUTION, OR OFFICIAL; OR CHARITABLE NON-PROFIT, ORGANIZATION AS DEFINED UNDER THE PROVISIONS OF SECTION 501 (c)(3) OF THE INTERNAL REVENUE CODE OF 1954. The undersigned hereby certifies that the applicant named hereon is a federal, state, or local government or charitable, non-profit operated hospital, institution, and is exempt from payment of the application fee.

SIGNATURE OF CERTIFYING OFFICIAL (Other than applicant)

DATE

PRINT OR TYPE NAME OF CERTIFYING OFFICIAL

PRINT OR TYPE NAME OF CERTIFYING OFFICIAL

7. **APPLICANT SIGNATURE** (must be an original signature in ink) ► Remove from package before signing

SIGNATURE

DATE

I hereby certify that the foregoing furnished on this application is true and correct

PRINT OR TYPE NAME

PRINT OR TYPE TITLE (e.g., President, Dean, Procurement Officer, etc.....)

**RETURN COMPLETED APPLICATION
WITH FEE IN ATTACHED ENVELOPE**

MAKE CHECK PAYABLE TO:

DRUG ENFORCEMENT ADMINISTRATION

UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
CHEMICAL REGISTRATION
P.O. BOX 2427
ARLINGTON, VA 22202-2427

**For INFORMATION, Call (202) 307-4025
See "Privacy Act" information on last page of
application**

MAKE A COPY FOR YOUR RECORDS.